

BEST AVAILABLE COPY

01 APR 2006

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/562997

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		2		1		
4		2		1		
5		1				
6		1				
7		1				
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26		1		1		
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28	/		/	1		
29	/		/	1		
30	/		/	1		
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32	3		/	1		
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48						
49						
50						
TOTAL IND.	5		5			
TOTAL DEP.	31	↔	27	↔		
TOTAL CLAIMS	36		32			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						